12

NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 4
Co. Registrar's No. 237
Local Registrar's No. 39

PLACE OF BIRTH
County of Apache
District of St Johns
Town of St Johns
or
City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Ruby Connolly | Born Alive | YES ~~NO~~
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
f			1	Yes	Nov	14	1920

FATHER		MOTHER	
Full Name	Heber Connolly	Full Maiden Name	Ivy Connolly
Residence	St Johns Ariz	Residence	St. Johns, Ariz
Color or Race	W	Color or Race	W
Age at last Birthday	23 Years	Age at last Birthday	19 Years
Birthplace	West Virginia	Birthplace	N. M.
Occupation	farmer	Occupation	House wife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 14 1920, at 1 P M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature T J Bouldin MD
Attending physician, midwife, householder.*

Address St Johns Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed 12/4 1920 Martin Jensen LOCAL REGISTRAR.

938-1114-938
COUNTY REGISTRAR.

A True Copy
Filed 12/10 1920 T J Bould COUNTY REGISTRAR.

The number of each, in order of birth, status, and the certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.